

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number	PCT/FI2004/000549
Filing Date	September 20, 2004
First Named Inventor	Matti Hietaniemi
Title	Method for Making a Layered...
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-56

I hereby appoint:

☒ Practitioners at Customer Number 36528☐ Practitioner(s) named below:

Name

Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified applications to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioner(s) named below:

OR

☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone


Fax

I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71  
Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Matti Hietaniemi

Signature 

Date April 4th 2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

+

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	PCT/FI2004/000549
Filing Date	September 20, 2004
First Named Inventor	Matti Hietaniemi
Title	Method for Making a Layered...
Group Art Unit	
Examiner Name	
Attorney Docket Number	METSO-56

I hereby appoint:

<input checked="" type="checkbox"/>	Practitioners at Customer Number	36528		
<input type="checkbox"/>	Practitioner(s) named below:			
	Name		Registration Number	

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

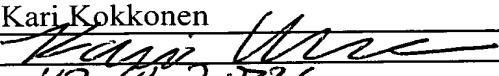
Please change the correspondence address for the above-identified applications to:

<input type="checkbox"/>	The above-mentioned Customer Number.	
<b>OR</b>		
<input type="checkbox"/>	Practitioner(s) named below:	
<b>OR</b>		
<input type="checkbox"/>	Firm or Individual Name	
Address		
Address		
City	State	Zip
Country		
Telephone	Fax	

I am the:

<input checked="" type="checkbox"/>	Applicant/Inventor
<input type="checkbox"/>	Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.71(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Kari Kokkonen
Signature	
Date	10.9.2006

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

<input checked="" type="checkbox"/>	*Total of	2	forms are submitted.
-------------------------------------	-----------	---	----------------------

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Offices, U.S. patent and trademark Office, Washington DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner of Patents, Washington, DC 20231.